

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023415

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 1625

FILED JUN 25 1963

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |   |
| a. COUNTY  | Butler   | a. STATE  | Mo. b. COUNTY Butler                          |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN   | Poplar Bluff   | c. CITY OR TOWN   | Poplar Bluff                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   | 2107 N. 14th St.   | d. STREET ADDRESS   | 2107 N. 14th St.                              |
| 3. NAME OF DECEASED  |  | 4. DATE OF DEATH  |   |
| First Middle Last<br>Emil Dietze   |  | Month Day Year<br>June 11 1963  |   |
| 5. SEX   | 6. COLOR OR RACE   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH                              |
| Male   | White  |   | 16-17-10 52                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| Merchant   |  | Grocery   |   |
| 11a. FATHER'S NAME   |  | 11b. MOTHER'S MAIDEN NAME   |   |
| Deceased Emil Ernest Dietze  |  | Deceased Amelia Rosalia Ackerman  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.   |   |
| No   |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:   |  | 12. CITIZEN OF WHAT COUNTRY   |   |
| IMMEDIATE CAUSE (a) Coronary Thrombosis  |  | USA   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | 14. NAME OF HUSBAND OR WIFE   |   |
| DUE TO (b) DUE TO (c)  |  | Georgia   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  | PART III. If deceased was female was there a pregnancy in last 90 days.   |   |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                     | 20f. CITY, TOWN, OR LOCATION  |   |
|  |  | COUNTY STATE  |   |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree or title)   |  | 22b. ADDRESS  |   |
| Frank K. Danelli MD  |  | Poplar Bluff, Mo.   |   |
| 22c. DATE SIGNED   |  | 6-19-63   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE  | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State) |
| Burial   | 6-14-63  | Qulin Cemetery  | Qulin, Mo.                                    |
| 24. FUNERAL DIRECTOR   |  | 25. DATE RECD. BY LOCAL REG.  |   |
| Greer Croy & Fitch, Poplar Bluff, Mo.  |  | 6/21/63   |   |
| 26. REGISTRAR'S SIGNATURE  |  |   |   |
|  |  |   |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JUN 28 1963

AUG 14 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by James Gray Looper, Student Embalmer No. 687

working under my personal supervision.

Student James Gray Looper  
Signature of Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.